MINUTES MISSISSIPPI HEALTH INFORMATION NETWORK BOARD May 20, 2015

Board Members Present:

Mary Currier, MD, MPH, MS State Department of Health – Chairman

Appointed by: MS State Department of Health T. C. Washington, MS Primary Healthcare Association

Appointed by: MS Primary Healthcare Association

Sam Dawkins, Delta Health Alliance

Appointed by: Delta Health Alliance

Board Member Present by Phone:

Candice Whitfield, University of MS Medical Center

Appointed by: University of MS Medical Center

Michelle Blocker, Department of Information Technology Services (for Craig Orgeron)

Appointed by: Department of Information Technology Services

Kristi Henderson, University of MS Medical Center, Telehealth

Appointed by: University of MS Medical Center

Carl Cloer, Singing River Health System

Appointed by: Information and Quality Healthcare – MSCHIE

Scott Stringer, Blue Cross Blue Shield of MS

Appointed by: Office of the Governor

Rita Rutland, MS Division of Medicaid

Appointed by: MS Division of Medicaid

Board Members Absent:

John Lucas, MD, Greenwood Leflore Hospital Appointed by: MS Department of Health

The Mississippi Health Information Network Board met on Wednesday, May 20 2015 at 3:00 p.m.

It was determined that a quorum had been established and Dr. Currier called the meeting to order.

Minutes: Carl Cloer motioned to approve the past three sets of minutes. Sam Dawkins seconded. The minutes were approved unanimously.

Committee Reports: Jeremy Hill reported that there were no committee reports to review. Jeremy informed the board that the **Hospital Advisory Committee** will form before the next Board Meeting. The mission of the Hospital Advisory Committee is to assist MS-HIN in helping them meet their needs. Dr. Currier thanked Carl Cloer for leading this committee.

Special Orders: There were two requests from the last board meeting. Jeremy first reviewed an updated hospital interface list (requested by Dr. Lucas). The interface list included all interfaces that are in the process of being built, active, and pending (those that are contracted but have not started the build phase). Jeremy then presented a MS-HIN Security Update report (requested by Scott Stringer). Scott Stringer commented that the presentation didn't answer / address all his questions / concerns. Scott requested more granular detail regarding how data is protected (e.g. data penetration

methods, internal audit schedules, access controls, end point controls, etc.). Scott mentioned that due to the successful implementation and growth of MS-HIN, more focus on security would be prudent. Scott suggested Medicity present to the board appropriate detail. Carl Cloer also requested more detail on how Medicity audits / validates the "break glass" functionality. Carl also mentioned the issue of employees no longer employees at hospitals not being removed from the MS-HIN Community Health Record access list. Michelle Blocker commented that human behavior is the most likely cause of security issues and offered to share ITS' security practices with MS-HIN. Dr. Currier agreed that more detail for the board to fully understand now than have to react to a problem later. Scott requested that the board has documented policies to account for the security of MS-HIN data. Dr. Currier further requested that MS-HIN create its own internal policies regarding security and human behavior practices related to security. Jeremy concurred and committed to addressing Scott's and Carl's items (physical security and human behavior) at the next board meeting.

Grant Updates:

IAPD Update: Jeremy informed the board that the DoM/MS-HIN IAPD was approved by CMS. Contract negotiations are continuing between the two organizations. Tentative kickoff date is Oct 1 2015. Rita Rutland added that once DoM and MS-HIN finalize the contract, it needs to be sent to CMS for final approval.

LPHI (BP Grant) Update: Mike Garcia informed the board that the contract between LPHI and MSPHI has been finalized. The key elements of the grant are MS-HIN Alerts / Notifications; improving Coordination of Care using MS-HIN; and Behavioral Health integration with primary care (state/federal laws and policy assessment will be conducted by MSPHI, and USM (Dr. Rehner)). Subcontracts have yet to be completed but the project has started with a kickoff date scheduled for mid-June. Dr. Currier suggested that MS-HIN collect data that generated from the project and publish results.

MS-HIN Update: Jeremy presented the need for two specific MS-HIN resources (a Technical Architect and Compliance Officer and a Project Manager(s)). Jeremy also informed the board that the current MS-HIN budget would not cover these resources however upcoming grants (ex: the DoM IAPD) can be used to fund these positions in a phased manner until participation dues can fully cover the costs. Carl asked what MS-HIN revenue generation stream was (outside of grants and state funds). Jeremy will provide the financials via email and overlay resource requirements onto projected revenue.

Jeremy also provided current MS-HIN statistics:

- ~945,000 unique patients
- 14 participating hospitals
- > 150 hospital owned clinics / FQHCs
- 41 hospitals on-boarding
- > 2.16M HL7 messages (pieces of clinical information) sent to MS-HIN (in Apr 2015)
- 2,585 individual queries conducted in January
- 20 Unique users (requested by Dr Lucas)
- Current map
- Big movers: Magee, St Dominics, and UMMC are expected to be live within 30 days; CHS (Merritt) hospitals (12) have started the on-boarding phase.

Jeremy stated that due to the recent Community Health Record upgrade, the number of total unique users was reduced. A planned campaign that focuses on re-training on new functionality will be implemented in July 2015. T.C. Washington requested that the total number of FQHCs be reported separately from the total number of owned clinics.

Dr. Currier reported the re-confirmation letters to the board members were not sent but will be before the next board meeting.

Jeremy set the date for the next meeting at 15 Jul 2015.	
Dr. Currier motioned for adjournment.	

Mary Currier, MD, MPH

Jeremy Hill

Diagram MG HIDL

Chairman Director, MS-HIN